

DEPARTMENT OF THE ARMY
Omaha District, Corps of Engineers
106 South 15th Street
Omaha, Nebraska 68102-1618

CENWO-HR

Office Memorandum
No. 690-1-635

15 December 2002

Human Resources
TELECOMMUTING (“Telework”)

History. This document supercedes DR 690-1-615, Alternative Workplace Plan, dated 01 October 1992.

Summary. In conjunction with the Omaha District Telework Handbook, this guidance implements the District’s Telework Program.

1. PURPOSE. This memorandum sets forth Omaha District guidance for managers, supervisors and employees on the teleworking program and describes the policies and procedures that apply to it.

2. APPLICABILITY.

- a. This memorandum is applicable to all elements of the Omaha District.
- b. Bargaining unit employees are subject to the provisions of the appropriate negotiated labor agreement. If provisions of the labor agreement conflict with this operating memorandum, the agreement will govern.

3. REFERENCES.

- a. Section 359 of Public Law No. 106-346
- b. U.S. Office of Personnel Management, Telecommuting, <http://www.opm.gov/wrkfam/telecomm/telecomm.htm>
- c. DoD Telework Policy and Guide, 22 October 2001, <http://www.cpms.osd.mil/fas>
- d. AR 25-1, Army Information Resources Management Program, 15 February 2000
- e. AR 380-19, Information Systems Security, 27 February 1998

This document supercedes DR 690-1-615, dated 01 October 1992.

f. DR 690-1-610, Work Scheduling and Hours of Duty, 15 February 1996

4. DEFINITIONS.

a. “Ad-hoc” telework: An approved work schedule less frequent than one day per biweekly pay period. This may include occasional, one-time, or irregular telework at an alternative worksite, typically for a day, or block of days, to work on projects or assignments that would be most effectively performed away from the traditional work site.

b. “Regular and recurring” telework: An approved work schedule where eligible employees regularly work at least one day per biweekly pay period at an alternative work location

c. “Short-Term” Telework: An approved work schedule for a short, time-limited period. This type of telework is appropriate in circumstances where the employee is unable to report due to such situations as personal illness or injury.

d. Telecommuter: An employee who uses a set of technologies to perform job responsibilities away from the traditional work site at an approved alternate site.

e. Telework Agreement: A written agreement, completed and signed by an employee and appropriate official (the immediate supervisor or budget manager) that outlines the terms and conditions of the telework arrangement.

f. Telework Coordinator: Ombudsman for the program and a resource to both employees and supervisors on how to make an arrangement work or help with setting up a trial arrangement.

g. Telework Home Safety Checklist: A checklist designed to assess the overall safety of the teleworker’s alternative work site. The checklist is completed via “self-certification” and attached to the employee’s Request for Participation.

h. Telework Request for Participation: A formal written request by an employee to his/her immediate supervisor for participation in the program together with the supervisor’s written response.

i. Telework/Telecommuting/Flexiplace: These terms are synonymous and mean any arrangement in which an employee performs officially assigned duties at an alternative work location on either a regular and recurring, or on an ad-hoc (intermittent) basis.

5. GENERAL. Information regarding the request for participation, content of agreement, orientation, suitable work, suitable supervisor and employee characteristics, and administrative issues such as workers' compensation and other liabilities, time and attendance control and certification, performance management, and telework and travel issues are also available in the District Telework Handbook and Frequently Asked Questions (FAQ) webpage, <<https://w3.nwo.usace.army.mil/html/cpac/telework.html>>. Where a conflict exists, this operating memorandum will govern.

a. Job duties suitable for telework include duties which involve tasks and work activities that are portable, that do not depend on the employee's being at the traditional worksite, and that are conducive to supervisory oversight at the alternative worksite. Positions shall not be excluded as eligible on the basis of occupation, series, grade or supervisory status.

b. Characteristics suitable for telework include:

- (1) a demonstrated dependability and the ability to handle responsibility;
- (2) a proven record of high personal motivation;
- (3) the ability to prioritize work effectively and utilize good time management skills; and
- (4) a proven or expected minimum performance rating of "Successful Level 3-Fully Successful" or the equivalent.

6. TELEWORK POLICY AND PROCEDURES.

a. Permanent and term employees, full-time or part-time, are eligible for participation in the telework program; student and temporary appointees are excluded. Also excluded are employees in a probationary period, under leave restrictions or performing below Successful Level 3/Fully Successful (or the equivalent).

b. Employees who have consistently exhibited the characteristics suitable for telework and who perform job duties suitable for telework will be considered for participation in the program. Ultimately, participation is discretionary on the part of management, not an employee entitlement. Teleworking must not adversely affect the organization's mission and functions, the ability of co-workers and team members to work efficiently, or the needs of outside customers.

c. See Appendix A for a "Quick Guide" to telework. A Request for Participation (Appendix B), Telework IM Checklist (Appendix C), Safety Checklist (Appendix D), and

Telework Agreement (Appendix E) are required of each applicant/participant and should be provided to his/her immediate supervisor for consideration.

d. The immediate supervisor approves/disapproves a request for ad-hoc participation. A request for regular and recurring participation must be submitted for approval or disapproval to the first supervisor in the employee's chain of command who has budget approval authority.

e. Teleworking employees continue to be bound by DoD standards of conduct to the same extent as those working at the traditional worksite. Use of Government-furnished equipment at alternative worksites is subject to the same restrictions regarding use for personal purposes, as is use of such equipment at the traditional worksite. Official duty time may not be used for the conduct of personal business – e.g., care of dependents, performance of household chores, running errands.

f. All provisions of DR 690-1-610, Work Scheduling and Hours of Duty, are applicable to teleworkers. To the extent possible, teleworking employees may make use of alternative work schedules, i.e., "Flexitime," subject to the same requirements as employees working at the traditional worksite. In addition, they must follow established office procedures in obtaining supervisory approval for requesting and obtaining approval of leave, overtime, and credit time.

g. Due to security reasons, personal computers may not be used to access DoD systems or networks remotely. Government-furnished computers must be used for each telework arrangement unless the use of a personal computer for work on non-sensitive, unclassified data is approved by the designated approving authority. This requirement does not preclude the use of personally owned peripheral devices such as printers, monitors, scanners, or fax machines with Government-furnished computers.

h. All applicable property accountability documentation requirements will be met with respect to Government equipment furnished for use at alternative worksites. Employees are responsible for the proper installation, repair and maintenance of all personal equipment used for teleworking, and must install Government-furnished equipment unless unable to do so. The Government is responsible for the repair and maintenance of Government-furnished equipment.

i. Participation may be initially denied or, if in-progress, terminated by the supervisor when, after review and consideration of mission requirements and other relevant information, he/she determines that it is in the best interest of the District to end the agreement. It may also be ended if the employee so elects. (See Appendix F: Notice of Modification or Termination of Telework Agreement.)

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FOR THE COMMANDER:

6 Appendices	TODD E. SKOOG
App A – Telework “Quick Guide”	LTC, EN
App B – Request for Participation	Deputy Commander
App C – Telework IM Checklist	
App D – Safety Checklist for Home-based Teleworkers	
App E – Supervisor/Teleworker Agreement	
App F – Notice of Modification or Termination of Telework Agreement	
App G – Finance and Accounting Instructions	

DISTRIBUTION:

<https://w3.nwo.usace.army.mil/html/im-c/rcrdsmgt/pdf/690-1-635.pdf>

Appendix A

Telework “Quick Guide”

6 Easy Steps

1. **Application Preparation:** Employee initiates the telework application process by preparing a Telework **Request for Participation (Appendix B)**, completing the **Safety Checklist for Home-based Teleworkers (Appendix D)**, and working with the Information Management Office to complete the **IM Checklist (Appendix C)**.
2. **Supervisor Review:** The employee’s immediate supervisor reviews the Telework Participation Request, the Home Safety Checklist, and other relevant information in order to determine whether approving the request is in the best interests of the District and the office/division. In doing this review, the supervisor should consult with the Information Management Office regarding the completed Telework IM Checklist (Appendix C). He/she should also coordinate the request with the appropriate budget person in the office/division to assure adequate funding is available if the request is approved. Supervisor should consider the following in evaluating a telework request:
 - Are job duties suitable?
 - Are the employee’s personal characteristics suitable?
 - Can impacts on co-workers/teammates/customers be avoided/mitigated?
 - Is there a need for Government-furnished equipment?
 - Is home safety adequate?
 - Are funds available to support the telework request?
3. **Supervisor Approval:** For **ad hoc telework**, the immediate supervisor approves/disapproves a request for participation. For **regular and recurring telework**, the first supervisor in the employee’s chain of command who has budget approval authority approves/disapproves the request for participation
4. **Agreement Completion:** If approved, employee and supervisor complete **Telework Agreement (Appendix E)**
5. **Processing:** Supervisor retains originals and sends copies of the Request for Participation, Telework Agreement, Safety Checklist and IM Checklist to the District Telework Coordinator and the IM Office.
6. **Telework begins!**

Appendix B
Request for Participation
In the Omaha District Telework Program

CENWO-_____

Date_____

MEMORANDUM FOR

SUBJECT: Participation in Omaha District Telework Program

1. I am requesting participation in the Omaha District Telework Program. I have attached a completed Home Safety Checklist and IM Checklist.

Check type of arrangement requested:

() Regular and recurring basis, _____ days per _____ .

() Ad hoc basis. Describe: _____

2. My work tasks are “suitable for telework”, as defined in para. 5.a., OM 690-1-635.

Please explain, for each qualifying work task:

3. I meet the characteristics suitable for telework, as defined in para. 5.b., OM 690-1-635. (Explain): _____

4. Adverse impacts on the productivity of my co-workers, teammates, and outside customers will be avoided or reduced by:

5. Daily round-trip commute information: Miles: _____ Time: _____

6. For any further information, please contact me at _____
(phone number or e-mail address). Thank you for considering my request for
participation in this program.

Employee Name (type or print): _____

Employee Signature: _____

Job Title: _____

SUPERVISOR'S / BUDGET MANAGER'S RESPONSE

1. I have considered your request, and find as follows:

A. Suitability of work tasks for telework. Your work tasks are:

1. ☐ Suitable for telecommuting on the basis proposed.
2. ☐ Suitable for telecommuting on the following basis instead:
☐ Regular and recurring basis, _____ days per _____ .
☐ Ad Hoc basis.
3. ☐ Unsuitable for telecommuting.

Explanation if 2 or 3 checked:

B. Suitability of personal characteristics for telework. Your personal characteristics
are ☐/are not ☐ suitable for telework.

Explanation of negative finding:

C. Adverse impacts on co-workers, teammates and/or customers. I find that:

1. ☐ the measures you propose appear to adequately address avoidance or mitigation of adverse impacts to co-workers and/or teammates.

2. ☐ it is not possible to avoid or mitigate adverse impacts to co-workers, teammates, and/or customers. Please explain:

3. ☐ the following additional measures will be required to avoid or mitigate adverse impacts to co-workers, teammates and/or customers:

D. Equipment needed to telework effectively.

☐ PC (required to be provided at government expense for regular/ recurring)

☐ Printer

☐ Fax machine

☐ Copier

☐ Scanner

☐ Other: _____

If the above equipment cannot be provided immediately, please explain whether it can be provided in the future and, if so, when.

E. Budgetary Considerations

☐ Funds are available to support the telework request.

- ☐ Funds partially available to support the telework request.
☐ Funds not available.

If *Funds partially available* or *Funds not available* are checked above, explain:

2. Based upon the above, other relevant information, and my assessment of what is in the best interests of the District and our office/division, your request for participation in the Telework Program is:

- ☐ approved.
☐ not approved.
☐ approved with modifications/conditions, and which will be carried forward into the agreement. Please specify: _____

Signatures:

For Ad Hoc Telework

Supervisor: _____ Date: _____

For Regular And Recurring Telework

Supervisor: _____ Date: _____

Budget Manager: _____ Date: _____

Appendix C

IM TELEWORK CHECKLIST

Employee Information (PLEASE TYPE OR PRINT):

NAME:	
HOME ADDRESS:	
WORK PHONE:	
NEW PHONE #:	

While teleworking, I will require access to the following systems (check all that apply):

<input type="checkbox"/> CEFMS <input type="checkbox"/> REMIS <input type="checkbox"/> PROMIS <input type="checkbox"/> OUTLOOK <input type="checkbox"/> GIS <input type="checkbox"/> OTHER:	<input type="checkbox"/> CADD (not available for Teleworking yet) <input type="checkbox"/> INTERNET <input type="checkbox"/> SPS <input type="checkbox"/> ACASS/CCASS <input type="checkbox"/> CMS
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GOVERNMENT IS NOT REQUIRED TO PROVIDE COMMUNICATION CONNECTIVITY SERVICES

MCI Calling card requirements:

☐ CONUS Connectivity ☐ OCONUS Connectivity ☐ Have what is needed

☐ Need dial-in password, or ☐ Already have dial-in password

☐ I will require the installation of a data line for 56K modem connectivity in my home.

The cost of installation of a business-class new data line

\$

The quoted monthly cost of this new data line

\$

☐ I will require installation of a cable modem and cable service to utilize VPN connectivity

\$

☐ I will require the installation of a voice line in my home

(If checked, Division/Branch must contact appropriate provider and obtain estimates)

Installation cost of a new business-class phone line

\$

The quoted monthly cost of a this phone line

\$

☐ I will require a Government-furnished computer to telework (if checked, please indicate below what equipment will be required and the associated estimated cost to your office)

<input type="checkbox"/> Laptop	
<input type="checkbox"/> Laptop with docking station	
<input type="checkbox"/> Desktop	
<input type="checkbox"/> Printer	
<input type="checkbox"/> Other: (e.g., surge protector, monitor)	

\$	
\$	
\$	
\$	
\$	

Software that I will need installed on my telework computer (in addition to Windows 2000, Office 2000, and Norton Anti-Virus Software, which are mandatory) are:

<input type="checkbox"/> WINSIG	\$ N/A	<input type="checkbox"/> SPS	\$
<input type="checkbox"/> REMIS	\$	<input type="checkbox"/> PROMIS	\$
<input type="checkbox"/> ADOBE ACROBAT	\$	<input type="checkbox"/> PHOTOSHOP	\$
<input type="checkbox"/> Other	\$	<input type="checkbox"/> Other	\$

TOTAL PROJECTED TELEWORK IM COSTS

\$

Teleworker Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

IM Office _____ (initial and date)

Appendix D

Safety Checklist for Home-based Teleworkers

The following checklist is designed to assess the overall safety of your alternative work site. Please read and complete the self-certification safety checklist and attach to your Request for Participation. Upon approval of your request to telework, you and your supervisor will sign and date this checklist in the spaces provided. A copy of this checklist will be forwarded along with a signed copy of your Telework Agreement and Request for Participation to your Telework Coordinator.

Employee's Name (Print): _____

Organization: _____

Alternative Work site

Location: _____

Describe the designated work area in the alternative work site:

A. Workplace Environment

1. Are temperature, noise, ventilation and lighting levels adequate for maintaining your normal level of job performance? Yes() No()
2. Are all stairs with four or more steps equipped with handrails? Yes() No()
3. Are all circuit breakers and /or fuses in the electrical panel labeled as to intended service? Yes() No()
4. Do circuit breakers clearly indicate if they are in the open or closed position?
Yes() No()

5. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wired, flexible wires running through walls, exposed wires to the ceiling)? Yes() No()

6. Will the building's electrical system permit the grounding of electrical equipment? Yes() No()

7. Are aisles, doorways, and corners free of obstructions to permit visibility and movement? Yes() No()

8. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? Yes() No()

9. Do chairs have any loose casters (wheels)? Yes() No()

10. Are the rungs and legs of the chairs sturdy? Yes() No()

11. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard? Yes() No()

12. Is the office space neat, clean, and free of excessive amounts of combustibles? Yes() No()

13. Are floor surfaces clean, dry, level, and free of worn or frayed seams? Yes() No()

14. Are carpets well secured to the floor and free of worn or frayed seams? Yes() No()

15. Is there enough light for reading? Yes() No()

B. Computer Workstation (if applicable)

16. Is your chair adjustable? Yes() No()

17. Do you know how to adjust your chair? Yes() No()

18. Is your back adequately supported by a backrest? Yes() No()

19. Are your feet on the floor or fully supported by a footrest? Yes() No()

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20. Are you satisfied with the placement of your monitor and keyboard? Yes() No()
21. Is it easy to read the text on your screen? Yes() No()
22. Do you need a document holder? Yes() No()
23. Do you have enough leg room at your desk? Yes() No()
24. Is the screen free from noticeable glare? Yes() No()
25. Is the top of screen eye level? Yes() No()
26. Is there space to rest the arms while not keying? Yes() No()
27. When keying, are your forearms close to parallel with the floor? Yes() No()
28. Are your wrists fairly straight when keyboarding? Yes() No()

Employee's Signature and Date:_____

Supervisor's Signature and Date:_____

Appendix E

Supervisor/Teleworker Agreement

THE FOLLOWING CONSTITUTES AN AGREEMENT ON THE TERMS AND CONDITIONS OF THE TELEWORK ARRANGEMENT BETWEEN:

Employee's name (Print) _____

Supervisor's name (Print) _____

Organization/Division _____

IN THIS AGREEMENT, THE TERMS "TELEWORKER" AND "EMPLOYEE" ARE SYNONYMOUS.

1. Employee volunteers to participate in the program, and to adhere to applicable guidelines and policies, and to any special conditions stated herein. Employee recognizes that the Telework arrangement is not an employee entitlement, but an additional method the agency may approve to accomplish work. Upon the expiration, termination or suspension of this agreement, employee agrees to promptly return any equipment furnished by the Government pursuant to the agreement, and return to work at his or her Official Duty Station.

2. Based upon the information and representations made in the employee's Telework Participation Request and other considerations, the Supervisor agrees to permit the employee to participate in the Telework Program for the term specified below.
Supervisor's agreement is subject to:

a. Employee's adherence to applicable guidelines and policies and the terms of this Agreement, including any Special Conditions noted below;

b. Employee's continuing eligibility for participation under OM 690-1-635; and

c. Suspension, modification or termination as deemed necessary.

3. Term of Agreement: From _____ to _____ (Not to exceed one year).

4. Special Conditions:

5. Employee's official duty station (e.g., 106 South 15 Street, Omaha):

NOTE: All pay, special salary rates, leave and travel entitlement are based on the employee's official duty station.

6. Employee's alternate work site location (complete address):

7. Designated work area in the alternate work site location:

8. Employee's tour of duty at the traditional worksite will be:

From _____ to _____ on (days): _____

9. Employee's typical alternate worksite tour of duty will be:

From _____ to _____ on (days): _____

10. The times and dates stated above are typical only, and may be modified as deemed necessary by the supervisor. Modifications required by the supervisor will be made with as much advance notice as possible. In addition to the above, employee is expected to be alert to the need to make him- or herself available at the official duty station or such other places where his or her presence is required to meet team, customer, or other work requirements, or to avoid hampering the work of others.

11. By their signatures below, the parties agree to work together in good faith to maximize the benefits of telework arrangements for the employee while at the same time insuring that the organization's missions are carried out and that its customers continue to receive the quality services to which they are entitled.

12. Employee's timekeeper will have a copy of the employee's work schedule and will record the employee's time and attendance as performing official duties. The supervisor agrees to certify biweekly the time and attendance for hours worked at the regular office and the alternative workplace.

13. Employee agrees to follow established office procedures in obtaining supervisory approval for requesting and obtaining approval of leave, overtime and credit time.

14. Employee agrees to work overtime only when it is ordered and approved by the supervisor, in advance if possible, and understands that overtime work without advance approval may not be compensated and may result in termination of the teleworking privilege and/or other appropriate action.

15. If the employee borrows government equipment, the employee is responsible for protecting the equipment and assuring it is used only for official purposes. The Government will service, and maintain any Government-owned equipment issued to the teleworking employee. The employee agrees to install all Government-furnished equipment. If the employee is incapable of installing Government-furnished equipment, employee must coordinate with his/her supervisor for installation.

16. The employee agrees to install, service and maintain any personal equipment used. The Government agrees to provide the employee with all necessary office supplies and also to reimburse the employee for business-related long distance telephone calls in accordance with standard procedures for processing such reimbursements.

17. The employee agrees to permit inspections by the supervisor of the alternate work site during the employee's normal working hours to ensure proper maintenance of Government-owned property and work site conformance with safety standards provided the employee is given reasonable advance notice (minimum of 1 hour),

18. The employee is covered under the Federal Employee's Compensation Act (FECA) if injured in the course of actually performing official duties at the regular office or the designated work area at the alternative duty station. Any accident or injury occurring at the alternate work site must be brought to the immediate attention of the supervisor. The supervisor must investigate all reports immediately following notification.

19. The employee understands that the Government will not be liable for damages to an employee's personal or real property while the employee is working at the approved alternative workplace, except to the extent the government is held liable by the Federal Tort Claims Act or the Military Personnel and Civilian Employees Claim Act.

20. The Government will not be responsible for operating costs (i.e., home maintenance, insurance, or utilities) that are associated with the employee using his or her home as an alternative work site. The Government understands the employee does not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the Government, as provided for by statute and regulations.

21. The employee agrees to complete all assigned work according to procedures mutually agreed upon by the employee and the supervisor, and according to guidelines and standards in the employee performance plan. The employee agrees to provide

regular reports if required by the supervisor to help judge performance. The employee understands that a decline in performance may be grounds for terminating the teleworking agreement.

22. The employee's current performance plan will include performance objectives covering work completed at the official duty station as well as work completed at the employee's alternate work site. The employee's job performance will be evaluated and documented on DA Forms 7222-1 or 7223-1, as appropriate.

23. The employee and supervisor agree to complete training and program evaluations as required.

24. The employee agrees to protect government and agency records from unauthorized disclosure or damage and will comply with Privacy Act requirements set forth in the Privacy Act of 1974, 5 U.S.C. 552a.

25. The supervisor or employee may terminate participation at any time with 10 working days advance written notification, or a length of time required by local policy, to the other. Upon termination, the supervisor and employee are obligated to make arrangements for the employee to work at the official duty station as quickly as possible, but no later than 10 working days after notification of termination.

26. The employee understands that nothing in this agreement precludes the supervisor from taking any appropriate disciplinary or adverse action against an employee who fails to comply with the provisions of this agreement.

Employee's Signature and Date: _____

Supervisor's Signature and Date: _____

Start Date: _____

Appendix F

Notice of Modification or Termination of Telework Agreement

Employee's Name: _____

Supervisor's Name: _____

_____The employee has decided to end his participation in the telework program.

_____The supervisor has decided to end the employee's participation in the telework program.

_____The supervisor has decided to modify the employee's participation in the telework program.

The reason(s) for my decision are:

Effective Date: _____

Supervisor Signature (if termination initiated by)

Date

Employee Signature (if termination initiated by)

Date

Appendix G

Finance and Accounting Instructions

1. To identify telework expenses separate from other expenses, each division or office must create a new work item in CEFMS to use with all of the PR&C's associated with telework. Then, all telework expenses (whether for labor, travel, equipment, supplies, services, etc.) will be captured under that work item on the cost ledger. No new CEFMS resource codes will be established specific to telework.
2. Phone and cable bills may be paid by using the organizations IMPAC card or by being invoiced by the applicable communications company. Invoices will be processed in CEFMS and paid by the USACE Finance Center. In both methods, these costs will be charged to the employee's division or separate office funds.
3. Labor: Post any telework hours as regular hours worked (i.e. RG, RF, RS, RT, etc...) on CEFMS screen 17.3, then click on the "Payroll Remarks" button, and enter "LX" in the first two positions of the "Remarks" field, followed by the number of hours (including a decimal) reported as telework. For example, 4 ½ hours of telework will be posted in the remarks section as LX04.50. The timekeeper will see a message on the help line stating that telework hours should be reported in fields 1-7.
4. POC for this information is CENWO-RM, 221-3222.